

CONFIDENTIAL INFORMATION

From :

c/o Focus Care
500 West Cummings Park
Suite 2700
Woburn, MA 01801

To :

Dr. Dr. Altman
2323 Memorial Ave St 10
Lynchburg, VA, 24501

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c/o Focus Care
500 West Cummings Park Suite 2700| Woburn, MA 01801

ETHEL B PERROW

c/o Focus Care
500 West Cummings Park Suite 2700| Woburn, MA 01801

2323 Memorial Ave St 10
Lynchburg,VA,24501

2022-02-11

Dear Dr. Dr. Altman,

Through our partnership with Focus Care, your patient, covered through Optima Health, recently received a health visit by one of Focus Care's clinicians. Enclosed is a summary of the visit results for:

ETHEL B PERROW
900039673*01

This summary contains an environmental assessment, a summary of existing diagnoses, a list of current medications that may help you gain additional insight into your patient's health, as well as preventive and chronic care recommendations. Please discuss the findings with your patient at their next appointment or reach out to them for urgent concern.

If you have any questions, please contact Focus Care at 1-800-371-3338 (TTY: 711) Monday through Friday, 8:30 a.m. to 9:00 p.m.

Sincerely,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	16
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Patient Assessment Summary

Name	: ETHEL B PERROW	Age	: 89
Date of Birth	: 1932-08-15	Member ID	: 900039673*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 2109 HANOVER ST,LYNCHBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 434/841-7496,434/841-7496,

Temp		Pulse Oximetry		Pain Scale /10	0/10
Age	89	Patients Height	5 feet 0 inch	Patients Weight	111 lbs
BMI	21.7(Obesity (BMI 30 – 34.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				
HBA1C	No				
MICROALBUMIN	No				
FOBT	No				
DEXA	No				
PAD	No				
Peak Flow Meter	No				

Allergies

Answer: **yes**

Comment : sulfa, tape --- hives

Substance	Reaction
silvadene	rash
cipro	hives, vomiting
atenolol	rash
hydrocodone	rash
meloxicam	rash

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
hyperlipidemia	SIMVASTATIN	TAB 20MG	Select	QD	pcp	Taking
anemia	FERROUS SULF	TAB 325MG	Select	QD	pcp	Taking
htn	LISINOPRIL	TAB 40MG	Select	QD	pcp	Taking
htn	AMLODIPINE	TAB 5MG	Select	QD	pcp	Taking
hx of PE	XARELTO	TAB 10MG	Select	QD	pcp	Taking
DM	METFORMIN	TAB 500MG ER	Select	BID	pcp	Taking
	DICLOFENAC	GEL 0.01	Select	Select		Not Taking

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	SMZ/TMP DS	TAB 800-160	Select	Select		Not Taking
unknown	MAGNESIUM	TAB 500MG	Select	QD	pcp	Taking

Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-22	tylenol arthritis	500mg	PO = By Mouth	BID
2021-07-22	calcium/vitamin D	600mg/ 2000 IU	PO = By Mouth	Daily
2021-07-22	centrum multivitamin	1 tablet	PO = By Mouth	daily
2021-07-21	stool softener	1 capsule	PO = By Mouth	daily
2021-07-20	miralax	1 capful	PO = By Mouth	every other day

- Race

Answer: **Caucasian**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Difficulty with vision

Legally Blind : **No**

Difficulty with Hearing

Chronic Pulmonary Embolism, Supported By History of Pulmonary Embolism, Anticoagulation beyond six months

Cardiomyopathy, Supported By Echo

Secondary to Hypertension : **yes**

Congestive Heart Failure, Supported By Medications, Peripheral edema

Describe : **Diastolic**

Secondary to Hypertension : **Yes**

Is patient on an ACE or ARB : **Yes**

Is patient on a Beta Blocker : **Yes**

Hyperlipidemia, Supported By Lab results, Medication

Is patient on Statin : **Yes**

Hypertension, Supported By Medications

Adequately controlled : **Yes**

Peripheral Vascular Disease, Supported By Extremity Ulcers, Amputation

History Diabetes : **Yes**

Describe : **Ulceration**

Other, Supported By History, Symptoms, Physical Findings

Other : **aortic valve stenosis, AV block, pacemaker, murmur,**

GERD, Supported By Heartburn / Dyspepsia

Depression, Supported By Symptoms

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Major : **NO**

Chronic Kidney Disease, Supported By Lab tests

What stage :

Secondary to Diabetes : **Yes**

Secondary to Hypertension : **Yes**

Osteoarthritis, Supported By Symptoms

Which joints : **bilateral hands**

Other, Supported By Symptoms, Medications

Other : **intermittent low back pain**

Wound, Supported By History, Symptoms, Physical Findings

Etiology : **Surgical**

Chronic Kidney Disease secondary to Diabetes

Patient on ACE or ARB : **Yes**

Diabetes, Supported By Lab tests, Medications

Type : **Type 2**

Most recent Hb A1C, value : **7.6**

And Date : **3/8/21**

Met with a nurse or dietician for diabetic education : **No**

Met with a diabetic educator : **No**

Peripheral Vascular Disease secondary to Diabetes, Supported By Other

Patient sees Podiatrist : **No**

Anemia, Supported By Lab tests

Etiology : **Iron deficiency**

If yes, Patient on : **Iron**

Vitamin D Deficiency, Supported By Medications

History Of

Cataracts, Supported By History

Secondary to Diabetes : **Yes**

Care management related to self - assessment and psychosocial behaviors

- Further assessment and questioning should be done to determine if patient's literacy level is adequate, limited or poor to determine the best method to communicate instructions and information to the patient.

When you get written information at a doctor's office would you say it is? : **Somewhat difficult**

Comment :

How confident are you in filling out medical forms by yourself? : **Not Very Confident**

Comment :

- Social service referral to further assess social support infrastructure.

During past 3 months has physical or emotional health limited social activities with family, friends, neighbors or groups? : **Sometimes**

Comment :

- Social service referral to further assess social support infrastructure

Who do you currently live with? : **Alone**

Comment :

Do you have someone who can help if you are sick or have problems? : **Yes**

Comment :

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- Counsel patient on the need for a Healthcare Proxy.

Do you have a Healthcare Proxy? : **No**

Comment :

- Counsel patient on the need for a Durable Power of Attorney

Durable Power of Attorney : **Yes**

Comment :

- Counsel patient on the need for an Advance Directive / MOLST orders

Advance Directive / MOLST orders : **Yes**

Comment :

Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADLs.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **No**

Refer patient for a physical therapy evaluation related to ADLs

B. Getting in or out of chairs : **No**

C. Toileting : **No**

D. Bathing : **No**

E. Dressing : **No**

F. Eating : **No**

G. Walking : **Need Some Help**

How far can you walk : **Household only**

Comment: bilateral lower leg amputee, has 1 leg prosthetic leg, does not have one for the other leg, uses her wheelchair most of the time

H. Going up or down stairs : **Need Total Help**

Comment: no stairs in home, has a ramp for her wheelchair

How many stairs can you climb : **None**

Care management related to past medical history

Do you use any assistive devices? (Check device or none if no devices used)

Answer: Walker , Prosthesis , Wheel Chair

Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
Other	Dr Cook	wound care
Cardiologist	Dr Conda	murmur, aortic valve stenosis, pacemaker, CHF

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If no activities are checked as need some help or total help

Refer patient for a physical therapy evaluation : 4

A. Seen your PCP

Refer patient for a physical therapy evaluation related to ADL's

B. Visited the Emergency Room : 2

If one or more, describe

1) fall 2) fall

C. Stayed in the hospital overnight : None

D. Been in a nursing home : None

E. Had Surgery : None

- Have you ever been hospitalized prior to the last 12 months?

Answer: No

- In the past year how many times have you Fallen?

Answer: Three times

Do you worry about falling or feeling unsteady when standing or walking

Answer: Yes

Worries about falling or feeling unsteady when standing or walking?

Answer: No

Did you have a fracture in past 6 months?

Answer: No

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer: No

-Have you lost weight in the past 6 months?

Answer: None

Care management related to preventive care

Counsel patient on screening guidelines with relation to type of screens that are age and gender appropriate and timelines for those screens going forward.

Screen	Answer
Colonoscopy	No
Breast Exam/Mammography	Yes
Cervical Screening	Don't Know
Bone Density	Don't Know
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	Yes
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Yes
Lipid Panel	Yes

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Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	HTN	unknown
Mother	OA	unknown
Sibling1	Ca	Ca
Sibling2	Ca	Ca
Sibling3	alzheimers	alzheimers complications

- In the past year how many times have you Fallen?

Answer: Three times

Do you worry about falling or feeling unsteady when standing or walking

Answer: Yes

Worries about falling or feeling unsteady when standing or walking?

Answer: No

Did you have a fracture in past 6 months?

Answer: No

Assessors Comments :

After confirmation of patient's name and DOB a virtual visit was performed. Information was provided by the patient with assistance from her daughter. The patient was pleasant and appropriate during the visit and answered all questions. Part of the physical exam including auscultation and palpation were not able to be assessed due to the nature of a virtual visit. Inspection and direct visualization were utilized to assess appearance/normal variance. All questions were answered and they understand further communication will be provided by focus care if there are any additional questions or concerns.